



COMING of AGE

A Publication of the Saskatoon Council on Aging

New protocol will help response to elder abuse

By Mary Helen Richards

Who do you call if you suspect an elderly person is being abused? And what will that agency do about it?

To answer these questions, nine Saskatoon health care workers and seniors got together to design a protocol or procedure, and 25 meetings later, it was completed.

It's a generic model which can be used by any agency or community group with the responsibility of looking into suspected cases of elder abuse. In Saskatoon, the Crisis Intervention Service agreed to be the agency to call.

The protocol provides a framework for action, clarifies issues and assists in decision-

making. Most important, it spells out the guiding principles: seniors have the right to self-determination, to give informed consent, even to refuse help.

Research by the Saskatoon Committee on Abuse of the Elderly, under the auspices of the Council on Aging, showed an increased awareness that older adults were at risk of being abused. While people wanted something done, they weren't sure how to go about it.

Over the months committee members wrote and revised a "decision tree" suggesting what action to take depending on the specific situation. Finally the protocol was finished and ready to be tested.

Bob Sims, director of the Saskatoon Crisis Intervention Service, was a member of the committee and received permission from his board to use the protocol when responding to reports of suspected abuse.

To set up a pilot project, additional funds were needed for staff training, a part-time worker, resource materials and

data-gathering. Volunteers from the subcommittee could evaluate and revise procedures.

Funding was sought from the Department of Social Services at a meeting in September with

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Isolation project update

The Saskatoon Council on Aging's project to address isolation among seniors will likely begin with a pilot project in a West Side area of the city with a heavy senior population.

It will also be an area where seniors have links to organizations and agencies, says Wilma Mollard, chair of the project's steering committee.

"We want to strengthen, and when necessary develop, seniors' connections to the community," she explained.

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Pressure Check: The Council on Aging offers monthly blood pressure clinics at its Seniors Resource Centre, 240-22nd St. East. David Nichol, who built the Centre's counters and sometimes works for Services for Seniors as a handyman, is checked here by Helen MacMillan. Next clinic: **Nov. 1, 10 a.m. to 2.30 p.m.**

Pilot project will test protocol

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Minister Bob Pringle, also the minister responsible for seniors. He described the request as important and timely and set up further meetings between the subcommittee and his staff.

Subcommittee chairperson Elliot Paus Jenssen presented the protocol to a conference in Medicine Hat, Alberta in September, where she explained that its value lies in its being community-designed. It emphasizes the rights of older persons, the least intrusive action based on the special situation, and the strengths of the individual and the family.

The protocol excited much comment at the conference, Mrs. Paus Jenssen said, and ideas for minor revisions. It was seen as a necessary first step in protecting vulnerable seniors.

As Alberta Health Minister Shirley McClellan said to the conference, "If we are to empower seniors to live with independence and dignity, we must guarantee their safety."

Careful planning is vital

From page 1

The Council was granted \$85,133 a year for the three years of the project by Health Canada's Seniors Independence Program. An enthusiastic 12-member steering committee is in place and Dianne Johns began as project co-ordinator in June.

Mrs. Mollard said the committee is doing "pretty careful preparation" before it chooses an area. Before beginning a pilot project, it wants to identify the need -- how many seniors are isolated; the barriers that exist; and possible responses to those barriers -- and get a feeling for the neighborhood.

"These are people isolated from the community not of their own choice," Mrs. Mollard said. For some, transportation is a problem, and if it exists, they may need a companion to use it.

Some become disconnected and unable to cope with others.

The project will be carefully evaluated along the way, and flexible enough to change in response to the situation it finds. "We want to start small and build on our experience."

The committee wants the community it chooses for the pilot project to take ownership of it, so it becomes an ongoing program. "It has to grow in the community, not be an implant."

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A long look at Saskatoon

By Jenni Martin

During his boyhood in Sutherland, Cliff Hamilton saw sidewalks and foundations in fields outside the railway town, ready for growth that never came. Still, he says, it was once bigger than Saskatoon, a friendly place, very cohesive.

"Everyone knew one another in Sutherland."

Talking to Mr. Hamilton is like visiting Saskatoon 60 or 70 years ago. He remembers when Woodlawn Cemetery was in the country and Eighth and Clarence was the edge of town, when jitney dances in the Arena, on a special floor, cost 10 cents each or three for a quarter.

Downtown stores stayed open until midnight Saturdays and the sidewalks were packed. Where Brunskill School is now was a slough, and three sloughs preceded the School for the Deaf. "I nearly drowned in one," he says, rafting.

It's not that Mr. Hamilton dwells in the past. In fact, he has been very much part of the present at Albert Community Centre: it is he who nurses its old boiler, taking it apart to clean each spring and, after inspection, re-assembling it in the fall.

He first knew Albert as a public school in the 1920s, and was custodian when it housed the Saskatoon French School. Even when he moved to other schools in the Catholic system, he tended its boiler, and was an adviser to the committee which renovated the building in 1985.

Now, at 73, he's ready to retire from Albert -- from being called when someone needs a key or wants the kitchen opened, especially from being pulled from bed on a winter night by the alarm.

"There's got to be a time you have to quit," he says in an interview in the apartment near Albert which he shares with Ceres, his wife of 54 years. She too wants him to retire, so they aren't so tied



Cliff Hamilton: many memories

down. He will happily teach someone else to tend the boiler.

It's ironic that at the end of his working career Mr. Hamilton is tending a boiler, for that was how it began. At 17, a railwayman's son, he became a wiper in the Sutherland shops, handling three locomotives a night with his helper. After

killing the fire, they took the engine into the shop, bled the air out of the boiler, washed the locomotive with hot water/kerosene, lubricated it and rebuilt the fire.

Laid off in 1938, he wheeled cement for 35 cents an hour to build the weir, farmed in Alberta, and in 1940 went with the Saskatchewan Light Infantry to the Arctic Circle, guarding against German submarines.

After the war, most of his many jobs involved some kind of machinery, but he never had any trouble finding work, here and elsewhere. He claims no favorites among his jobs, but notes that mechanics are "always dirty and greasy," life in the services was regimented, and farming, with horses, cows and pigs, "long hours."

He and his wife returned happily to Saskatoon, where their two daughters live; they have a son in Vancouver. But they find the city much changed.

Still, some things never change. Remembering how the Saskatoon-Sutherland road's clay became gumbo when it rained, he was not surprised at the Field House's water problems.

Outreach project welcomes aboriginal grandmothers to city

By Gwen Gordon-Pringle

A time for laughter, sharing, friendship and healing -- the Saskatoon Community Clinic's outreach project to aboriginal grandmothers has come to mean all these and more to the kokums involved.

This health promotion project, funded by Health Canada's Seniors Independence Program, blends the wisdom and teachings of traditional culture with the best that western health care has to offer.

About 25 kokums come together on Tuesday mornings for healing circles, health education or discussion with representatives of community agencies and organizations. Others, more isolated by poor health, family cares or unfamiliarity with city life, are visited in their homes by project staff. Gradually, many of them join the Tuesday group for the support they gain from new friends.

Moving to the city can present many problems for the aboriginal grandmother. Transportation is usually difficult to arrange and good housing often hard to find. Language differences often create difficulties and the rules and procedures of big systems such as health, social services and education cause much confusion and discomfort.

Project staff have helped many women adjust to city life and learn how to find, and use, the services they need.

As the kokums have become better acquainted, and the circle grows stronger, they have begun to speak out about their particular concerns. They have made presentations to the Social Services Minister, the Saskatoon District Health Board and the special city council meeting on aboriginal issues. They are represented on the Sherbrooke committee exploring long-term care needs, the Joe Duquette youth project on alcohol and drug prevention, the Riversdale Children at Risk project and the Social Services pilot parent support project.

These opportunities to be heard have been gratifying for the kokums. Many feel it is the first time they have had a collective voice that is respected. The community response has been exciting. There has been recognition of their wisdom and many requests for their time and involvement in various programs.

The program has a special focus on fun as an important part of healing. Traditional feasts and pipe ceremonies have been held to bless the project and honor the grandmothers, with young drummers and dancers.

The kokums planted a tree at Wanuskewin Heritage Park to commemorate their project. They are making a cultural calendar with their pictures and messages of health and healing.

Several have contributed stories to a project with Read Saskatoon, which will be published in English, Cree and Dene and used in adult literacy programs and schools. Members are piecing together a quilt with words and pictures symbolizing what the project means to them.

As the project enters its third and final year with the present funding, the kokums are determined to see it continue in some fashion. Time and again they

They have begun to speak out about their particular concerns

speak of the support, friendship, strength and healing they have gained. As always, their primary concern is for their children and grandchildren, and they hope eventually to have a permanent health and social centre where their young people can share with them in the healing and learning they have experienced.

*Gwen Gordon-Pringle is
Director of Health Promotion,
Saskatoon Community Clinic*

Technology offers help to seniors

We want to improve seniors' quality of life. Technology is not cheap, but can help life be the journey you wanted it to be. Some examples:

Aquatic Bath Lift offers a safe "independent bathing" situation, fits our tubs, and includes everything needed to operate it. Find it at MED chair dealers across Canada.

Acuhealth is a hand-held home therapy device for fast, non-toxic relief of pain, working on the same principle as acupuncture; its pain-relieving "endorphins" provide safe control of chronic/acute pain.

Medic lets you call for help anytime by pushing a button. Operators instantly identify the caller, assess the situation and summon appropriate help.

Ultramatic electric beds adjust to 1,001 positions at the touch of a button. Beds can be computerized to move immobile users, preventing pressure sores and alleviating blood pressure problems. **Automatic lifting devices** relying on voice-controlled robotics are helpful.

Plan for barrier-free living with a **stair-climbing power chair**. The **Weather Proof Power Wheelchair** will soon give users warmth through ponchos and heated pads.

Adapted from *Rehab & Community Care Management*, September issue

Personal care home directory is available

For those seeking information on care services, particularly for those of us referred to as "seniors," a new source of information is now available.

"Personal Care Homes Directory" was prepared jointly by the Saskatoon District Health Board (which financed it), the Saskatoon Personal Care Home Association, the Golden K Kiwanis Club, and the University of Saskatchewan Retirees Association.

It contains a great deal of useful information. For example:

What is a licensed personal care home and what services can I expect from them?

How do I begin my search?

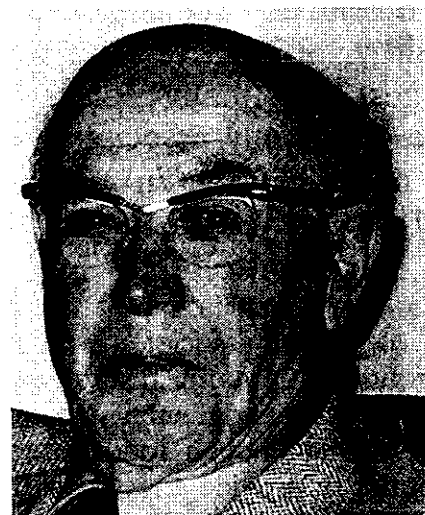
Who is available to help me with my search?

Who can provide more information or discuss concerns?

The first part of this new publication -- which came out in September -- lists 17 categories of concerns or questions. Special concerns usually include costs, locations, facilities and services such as wheelchair ramp, staff qualifications, services, fire safety, special care.

A map of the city indicates the areas in which each home is found, southwest, northeast, etc.

The last part of the directory lists 68 licensed personal care homes, whose owners cooperated in the publication by providing information about their facilities, services and location. Monthly costs are in four groupings: \$700-\$900, \$901-



By Lorne Paul

\$1100, \$1101-\$1300 and over \$1300. This lets facilities and services be related to costs.

It is almost always at a time of much personal stress for the individual and the family that the need for additional care for friends or relatives arises. This new directory is a timely and needed aid, for previously all a person or family had was a list of homes, addresses and phone numbers.

This is the way it was when I was looking for a care home, so I was happy to be part of the committee which produced this useful directory. Now before one starts a search, important information is available, and it will be updated regularly.

Copies of the Personal Care Home Directory can be obtained by calling the Co-ordinated Assessment Unit, Saskatoon District Health Board, 655-4346.

Good nutrition helps seniors stay healthy and independent

Scientists seeking ways to ensure healthy, productive lives for more people suggest that many diseases and disabilities commonly associated with aging may be more closely linked to diet, exercise and other lifestyle factors than to the aging process itself.

Can good nutrition slow the progress of aging and conditions associated with it? While there is no fountain of youth, healthy eating can improve health and independence in many ways:

- Eating enough food (adequate calories) is essential to provide energy for daily activities. To prevent peaks and valleys in energy levels, meals and snacks should be regularly spaced.
- Eating enough protein can help keep seniors from losing muscle tissue.
- Adequate calcium in the diet helps prevent weakened bones (osteoporosis).
- Eating enough fibre and taking enough fluids are two important ways to prevent constipation while avoiding the risks of laxative misuse.
- Considerable research is focusing on the role of specific nutrients, particularly Vitamins C, E and beta carotene, in slowing the aging process and preventing certain diseases. It may be preferable to obtain these nutrients from foods rather than supplements.
- Well-nourished seniors are less susceptible to colds, flu and other illnesses.
- Good nutrition helps older adults recover from illness, injury or surgery more quickly. Well-nourished seniors took less than half as long to recover from hip fracture surgery as undernourished seniors, a British study found.

Older Adult Nutrition Program

- discussions with groups, caregivers on nutrition topics



Saskatoon
Community
Health Unit

- help plan nutrition programs
- pamphlets
- telephone information line

By Heather Drozd

- Eating well is a tangible sign that we are taking care of ourselves, and can be important psychologically.

Canada's Food Guide to Healthy Eating provides the framework for good nutrition for healthy Canadians over the age of four. It recommends foods from the grain products, vegetables and fruit, meat and alternatives and milk products food groups. Together these foods provide the energy, protein, fibre, vitamins, calcium and other minerals discussed above. Just add water (literally!) to ensure an adequate fluid intake.

If you have problems that keep you from eating well, it may help to discuss them with your doctor or a dietitian/nutritionist. Copies of Canada's Food Guide to Healthy Eating and other information can be obtained from the Older Adult Nutrition Program of the Saskatchewan Community Health Unit, a member agency of the Saskatoon District Health Board, at 655-4630.

*Nutritionist Heather Drozd is with the
Older Adult Wellness Program,
Saskatoon Community Health Unit.*

**SASKATOON
COUNCIL
ON
AGING**

SENIORS' RESOURCE CENTRE

240 22nd Street East, 652-2255

**Drop by or telephone for information or referrals
on seniors' programs and services**

No Health Insurance, NO GO!

Canadians, especially seniors, who travel to the United States even for a day should buy supplementary health insurance. Most of us are unaware of medical care costs here, and are certainly ill-informed about skyrocketing U.S. costs.

The situation became more serious when the Saskatchewan, Ontario and Alberta governments limited out-of-country coverage for hospital stays to a maximum of \$100 per day, and British Columbia to \$75. Insurance companies are scrambling to include changes and remain competitive.

Snowbirds who spend part of each winter in the U.S. are the most vulnerable. Travel health plans have proliferated, and their details have become more complex and varied.

Some plans are reducing rates by offering deductibles; with a \$3,000 deductible, the policy holder would have to pay only if

the total cost of treatment were under \$3,000. If the bill were \$5,000, for example, the insurance company would pay it all.

My advice is to shop around among insurance companies, automobile clubs, special credit card agencies, banks, medical societies. Rate coverages vary widely. Read the small print.

By Rita V. Spencer

Some won't cover you if you have been in hospital in the previous 60 days. Others list innumerable exceptions to coverage.

In the last three years, I have dealt with three different companies to get the best deal. In the 65-70 age group, for 90 days in the U.S. and \$1 million coverage, I paid \$76 in 1991-92, \$135 in 1992-93, and \$285 last year. I expect this year's rate will be well over \$300.

I belong to the Canadian Snowbirds' Association (1-800-265-3200) which gives useful in-

formation and a health insurance package. I still shop around.

The association is suing the Ontario government, and will name the Saskatchewan, Alberta and B.C. governments, for reducing hospital coverage out-of-Canada. The result will affect the whole insurance picture.

A new company, Traveller's Medi-Select (1-800-715-8833), charges an \$8 administrative fee to scan the travel health care options and suggest the best four plans for you. If you select one of the four, it refunds \$5 of the fee.

Escaping a few weeks of winter is one of the joys of retiring. When we arrive down south, shed our jackets and don our beach clothes, it's good to know we're well covered -- with sun-tan cream AND a sound health insurance policy. Happy traveling!

By the way, this should apply wherever you travel, not just in the United States.

Memories of the one-room school

By Margaret J. Mack

When I returned to the one-room school I attended for 11 years, I was filled with memories of the well, the outhouses, the woodpile and the barn which sheltered our horses -- but not of how we learned to read.

Spelling, writing, geography, hygiene, art and music instruction had also faded, but the memories

of "science experiments" on the playground were very vivid.

Drowning out gophers and gathering crows' eggs and legs for a bounty proved financially expedient, especially when some of us could recycle those gathered by our families and disposed of in the sawdust near the woodpile.

One late fall day we had a great surprise, which gave us the opportunity to use the boys' privy for a laboratory. On the

frosty ground was a huge, wounded pelican which we gently herded into the privy, because we knew Madam Teacher seldom inspected it and certainly did not use it.

The boys who were sharing this exciting experience said they could manage just fine with the barn "facility."

After two weeks of sharing our lunches with our guest, and enjoying curious glimpses into the boys' privy, we freed the pelican, which flew away gracefully, fully recovered through our loving care.



Effects of changing the age credit

F *By Garth Courtney*
 or some time, Canadians over 65 have been eligible for tax relief through the age credit. Now \$3,482, this credit results in a tax reduction for all taxable seniors. They save about \$610 on federal tax; combined with provincial tax, the saving is about \$950 a year.

There can be additional savings as the credit is transferable to a qualifying spouse with little or no income. Thus a couple can claim two credits.

The 1994 federal budget proposed a change to the age credit. Seniors with net incomes of \$25,921 or less would not be affected. Those with incomes between \$25,921 and \$49,134 would retain part of the credit; those with incomes over \$49,134 would have no credit.

Revenue Canada says 75 per cent of seniors would not be

Income	1994		1995 and subsequently	
	Reduction in age amount	Increase in fed & prov taxes*	Reduction in age amount	Increase in fed & prov taxes*
20,000	0	0	0	0
25,000	0	0	0	0
30,000	306	84	612	167
35,000	681	187	1362	373
40,000	1056	289	2112	578
45,000	1431	392	2862	783
50,000	1741	477	3482	953
75,000	1741	492	3482	983
100,000	1741	492	3482	983

*The change in provincial tax is estimated at 58% of the change in basic federal tax.

affected. For the rest, the amount of the age credit would be reduced by 15 per cent of net income over \$25,921. The reduction would be phased in over two years, with the reduction in 1994 half of the amount, so a senior with \$30,000 net income would lose 7.5% of \$4,079 (\$30,000 minus \$25,921), or \$306 from the age credit.

The full reduction would apply in 1995 and subsequently. The accompanying table shows the resulting tax increase for seniors of various income levels.

These proposed changes are not yet law. When they are, seniors will receive full details.

Garth Courtney is an account executive with Canada Trust

The cost of living-- longer

Recent articles by financial wizards deplore the fact that persons over 65 are getting money and tax breaks they don't need. The writers suggest removing all deductions and grants based on age alone and increasing aid to low income seniors, in effect robbing the rich and giving to the poor.

Forgotten here are the special housing and personal care needs of the frail elderly, the increasing dependence on drugs, canes, walkers, hearing aids as one grows older, the cost of hired help to support independent living. These costs are only partly covered by drug plans and tax deductions. Excluding them makes income comparisons meaningless. It costs money to grow old,

costs shared by seniors and by public programs of medicare and subsidized housing.

While there is some justification in taxing seniors who enjoy high incomes, allowance must be made for special needs of the elderly. More help must be given to persons marginally above the poverty line who do not qualify for income supplements, perhaps raising the income limit to allow for drug costs and personal care.

Tax relief must be given to the caregivers, relatives and friends who spend time and money keeping a frail elderly person at home.

It is too simplistic to say let's cancel all special grants and deductions to the elderly, based only on family income. We need more research on how to help seniors remain independent for as long as possible. This would benefit both older Canadians and the country.

Mary Helen Richards